

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1634/57
03A0

In re U.S. Patent Application)

ITO *et al.*)

Application 09/848,771)

Art Unit 1634

Filed: May 3, 2001)

Examiner

For: SOLUTION AND PROCESS FOR
PRODUCING BIOCHIP)

Forman, Betty J

Attorney Docket No. HIRA.0045)

Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231

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TECH CENTER 1600/2900

COVER LETTER

Sir:

[] The fee for submission of additional claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	5	4	-XX (Over 20)	x \$18	0
Independent Claims	1	3	-XX (Over 3)	x \$84	0
MULTIPLE DEPENDENT CLAIM(S)	0	1	YES	+ \$280	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
TOTAL					0.00

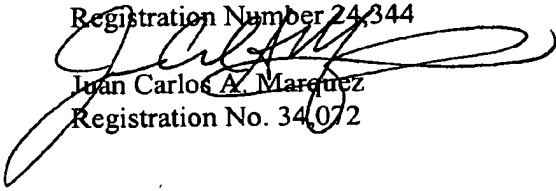
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|---|
| [x] Response to Office Action
(with Claim Amendments) | [x] Petition for Extension of Time (2 months) |
| [] Information Disclosure Statement | [] Terminal Disclaimer |
| [] Preliminary Amendment | [x] Letter to Draftsperson (w/2 sheets) |
| [] Substitute Specification | [] Assignment |
| [x] Other <u>Verified translation of priority document</u> | [] Petition under _____ |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$410.00** to cover the two-month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including patent application filing fees and processing fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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